

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Utah

BlueRibbon Coalition, Inc.; Sage Riders Motorcycle
Club; and Paul Wells

Plaintiff(s)

v.

Bureau of Land Management, U.S. Department of
the Interior

Defendant(s)

Civil Action No. 4:25-cv-00022-DN

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Department of the Interior
c/o U.S. Civil Process Clerk
U.S. Attorney's Office, District of Utah
111 South Main Street
Suite 1800
Salt Lake City, UT 84111-2176

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Isabella Eldridge
bella.eldridge@blueribboncoalition.org
BlueRibbon Coalition, Inc.
PO Box 76
New Plymouth, ID 83655

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Gary P Serdar
CLERK OF COURT

Date: 03/13/2025



Signature of Clerk or Deputy Clerk

Civil Action No. 4:25-cv-00022-DN

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* U.S. Department of Interior
 was received by me on *(date)* Mar. 17, 2025 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ *Other (specify):* Per Fed. R. Civ. P. 4(1), on Mar. 17, 2025, I served a true and correct copy of the Summons and
 Complaint on Defendant, U.S. Department of Interior, by U.S. Certified Mail, Return Receipt Requested.
 (See attached copy of Certified Mail Receipt and Return Receipt).

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 4/4/2025

/s/ Isabella Eldridge

Server's signature

Isabella Eldridge, Attorney

Printed name and title

1820 Broone Dr, Norman OK, 73071

Server's address

Additional information regarding attempted service, etc:

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|---|---|--|---|--|---|--|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> <i>Chloe Samyan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Chloe Samyan</i></p> <p>C. Date of Delivery</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to: <i>Department of Interior U.S. Attorney's Office, District of Utah 111 South Main Street, Suite 1800 Salt Lake City, UT 84111-2176</i></p>  <p>9590 9402 8620 3244 1621 61</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label) 89 0710 5270 2578 7253 37</p> | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

9589 0710 5270 2578 7253 37

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | | | | | | | | | | | |
|--|--|----------------|--|----------------|---|----------------|---|----------------|--|----------------|---|
| For delivery information, visit our website at www.usps.com | | | | | | | | | | | |
| OFFICIAL USE | | | | | | | | | | | |
| <p>Certified Mail Fee \$ <i>14.95</i></p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <table border="0"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ <i>0.00</i></td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ <i>0.00</i></td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ <i>0.00</i></td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ <i>0.00</i></td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ <i>0.00</i></td> </tr> </table> <p>Postage \$ <i>10.10</i></p> <p>Total Postage and Fees \$ <i>25.05</i></p> | <input type="checkbox"/> Return Receipt (hardcopy) | \$ <i>0.00</i> | <input type="checkbox"/> Return Receipt (electronic) | \$ <i>0.00</i> | <input type="checkbox"/> Certified Mail Restricted Delivery | \$ <i>0.00</i> | <input type="checkbox"/> Adult Signature Required | \$ <i>0.00</i> | <input type="checkbox"/> Adult Signature Restricted Delivery | \$ <i>0.00</i> |  |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ <i>0.00</i> | | | | | | | | | | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ <i>0.00</i> | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ <i>0.00</i> | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Required | \$ <i>0.00</i> | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ <i>0.00</i> | | | | | | | | | | |
| <p>Sent To <i>Dept of Interior, U.S. Attorney, UT</i> Street and Apt. No., or PO Box No. <i>111 South Main Street, Suite 1800</i> City, State, ZIP+4® <i>Salt Lake City, UT 84111-2176</i></p> | | | | | | | | | | | |
| PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions | | | | | | | | | | | |